



**STATE OF NEW HAMPSHIRE
NATUROPATHIC BOARD OF
EXAMINERS**

Applicant Name: _____

Date: _____

**PLEASE FILL OUT AND RETURN THIS CHECK LIST
WITH YOUR APPLICATION**

Payment: ☐ \$300 check made payable to "Treasurer State of New Hampshire"

☐ Signed, completed application form

☐ 3"x 4" untouched photo of applicant

☐ Two (2) letters of professional character from any of the following:

☐ Medical Doctor

☐ Osteopathic Doctor

☐ Naturopathic Doctor

☐ Official Transcript(s) from Naturopathic College or University,
Notarized true photocopy attest if in category described in RSA
328-E:9, I (b).

☐ Certification of Naturopathic Medical diploma or degree. (Not required if in category
described under RSA 328-E:9, I (b))

☐ Proof of NPLEX Exam - unless applying under Exemption or in category described
under RSA 328-E:9, I (b).

☐ Proof of ACNO Exam - if applying for certification of natural childbirth

☐ Proof of NPLEX Exam - if applying for certification of acupuncture

Comments: _____



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ADDITIONAL

- ☐ RECIPROCITY
☐ EXEMPTION
☐

RECIPROCITY

- ☐ Current certificate of good standing from all jurisdictions where you currently hold a license.
- ☐ Name/address/description of current practice
- ☐ Credentials from specialty or certification board (if applicable)
- ☐ Diploma
- ☐ Two Recommendation Letters
- ☐ Transcripts

EXEMPTION per RSA 328-E:5, I (e)

- ☐ Enclose a statement that applicant is not currently licensed as health care provider in NH
- ☐ Proof of income - copy of IRS Income Tax Return Statement for 1990
- ☐ Document to demonstrate current NH residency and NH residency for at least twelve consecutive months prior to July, 1991.

Comments: _____

